

HISTEP & HISTEP2 ALUMNI

OMB Clearance Number: 0925-0299
Expiration Date: 30-Jun-2019

GENERAL INFORMATION

First Name (Given Name):*

Last Name (Family Name):*

Email Address:*

(check accuracy)

What year did you participate in HiSTEP?*

(a 4-digit numeric response required; enter 0000 if you did not participate in HISTEP)

What year did you participate in HISTEP 2.0?*

(a 4-digit numeric response is required; enter 0000 if you did not participate in HISTEP 2.0)

Alumni Database Report Date*

(select the appropriate season and year)

COLLEGE / UNIVERSITY APPLICATION INFORMATION

Are you planning on attending college in Fall 2017?*

Yes No

What is your career goal once you graduate from college?

Are you conducting research during your academic school year (whether you are in high school or in college)?

Yes No

SCHOLARSHIP / FELLOWSHIP INFORMATION

Have you applied for any scholarships or fellowships?*

Yes No

SUMMER PLANS

What did you do this past summer?

What are your plans for next summer?

Have you applied for any internships or programs?*

Yes No

MEETINGS WITH COLLEGE ADVISOR

Have you met with the HiSTEP College Advisor?*

Yes No

FINAL THOUGHTS

What was the most significant helpful item that you learned from HiSTEP?

submit

cancel

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

